



2612
[Handwritten initials]

PTO/SB/82 (08-03)

Approved for use through 07/31/2006. OMB 0561-0031

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1. Transmittal (1 pg.)
2. Information Disclosure Statement (3 pgs.)
3. PTO SB/08B (1 pg.)
4. Cited References (23 pgs.)
5. Return Postcard

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Signature

PATTI HESPELL

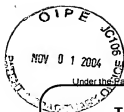
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HMM-102

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PTO/SB/21 (02-04)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	10790,468
Filing Date	1 MAR 2004
First Named Inventor	König
Art Unit	2612
Examiner Name	UNKNOWN
Attorney Docket Number	HMM-102

Total Number of Pages in This Submission 27

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Cited References (23 pgs.)	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Certificate of Mailing	
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Technology Patents and Licensing, Inc. Patrick T. Igoe 55,282
Signature	
Date	October 29, 2004

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CERTIFICATE OF MAIL(37 CFR 1.8)

PATENT

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Date: October 29, 2004

Patti Hespell
Patti Hespell

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

SERIAL NUMBER 10/790,468	FILING DATE 1 March 2004	FIRST NAMED INVENTOR KÖNIG	ATTY. DKT. NO. HMM-102
TITLE VIDEO DETECTION AND INSERTION			ART UNIT 2612
			EXAMINER UNKNOWN

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

In accordance with the provisions of 37 C.F.R. §1.97, Applicants hereby wish to make of record the references listed on the accompanying PTO Form SB/08B for consideration by the Examiner in the examination of the above-identified patent application. Copies of the patent documents are enclosed.

This Information Disclosure Statement is being submitted:

- ☒ (1) within three (3) months of the filing date, entry into national phase in an international application or before the mailing date of the First Office Action; or
- ☐ (2) after the period defined in (1) above but before the mailing date of a Final Rejection or Notice of Allowance, and
- ☐ Certification is made below, or
- ☐ The check, or authorization to charge deposit account no. 501535, in the amount of the fee set forth by 37 C.F.R. §1.17(p) is attached.
- ☐ (3) after the mailing date of a Final Rejection or Notice of Allowance but before the payment of the Issue Fee, and
- ☐ Applicant hereby Petitions the Commissioner to consider the attached references; Certification is made below and the fee is included.

Attached hereto is Form PTO-SB/08B listing documents believed to be relevant to the above-captioned application. It is respectfully requested that these documents be considered by the Examiner. The relevance of each non-English document will be discussed as follows:

REMARKS:

This disclosure statement should not be construed as a representation that a search has been made or that no other material information as defined in 37 C.F.R. § 1.56(a) exists.

It is believed that this disclosure complies with the requirements of 37 C.F.R. §§ 1.56, 1.97, and 1.98, and the Manual of Patent Examining Procedures § 609. If for some reason the Examiner considers otherwise, it is requested that the undersigned be contacted by telephone promptly so that any deficiency can be remedied.

Some of the documents may have markings thereon. No significance is intended to be attached to the markings.

The submission of these documents is not intended to be deemed an admission that they constitute analogous art.

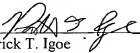
CERTIFICATION

Applicant(s) certify that:

- ☐ (1) Each item or reference was cited in a communication from a foreign patent office in a corresponding foreign application not more than three months prior to the filing date of the Statement; or

- ☐ (2) No item or reference was cited in a communication from a foreign patent office in a corresponding foreign application or, to the knowledge of the Applicant(s), was not known more than three months prior to the filing of the Statement.

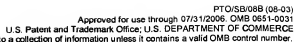
Respectfully submitted,



Patrick T. Igoe
Reg. No. 55,292

Date: 10/29/2007

Technology Patents Licensing, Inc.
6206 Kellers Church Road
Pipersville, PA 18947
(215) 766-2100



INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Sheet	1	of	1
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Complete if Known

Application Number	10/790 468
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Filing Date	1 MAR 2004
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First Named Inventor	König, Richard
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Art Unit	2612
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Examiner Name	UNKNOWN
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Attorney Docket Number	HMM-102
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NON PATENT LITERATURE DOCUMENTS

[illegible]

Examiner Signature	/Jean Saint Cyr/	Date Considered	05/28/2008
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

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10/29/04